

ABSENTEE SHAWNEE TRIBE OF INDIANS OF OKLAHOMA

ENROLLMENT DEPARTMENT

2025 SOUTH GORDON COOPER DRIVE

SHAWNEE, OK 74801

(405)275-4030 Toll Free: 1-800-256-3341

DATE: _____ CDIB#: _____ BIRTHDATE: _____

.....
Please check a box and sign

☐ **ADDRESS CHANGE**

FULL NAME _____

OLD ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NEW ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ PHONE # (____) _____

❖ **Please list CDIB Roll #(s) of children under the age of 18 that resides in your home:**

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

.....
☐ **NAME CHANGE** (Must attach a copy of a Marriage License or Court Document)

Name that is currently on the Tribal Roll: _____
(Maiden, etc.)

Tribal Member Signature

Date

OFFICE USE ONLY

_____ Tribal Newsletter

_____ Education

_____ Little Axe Clinic

_____ Tax Commission

_____ Tribal Court

_____ Contract Health

_____ Finance

_____ Social Services